

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>21061</i>	<i>6/24/02</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>545</i>	<i>8/13/02</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

Best Available Copy

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	6-18-04
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	000
9	000
10	✓
11	✓
12	0
13	✓
14	✓
15	✓
16	✓
17	✓
18	0
19	✓
20	✓
21	0
22	0
23	0
24	✓
25	✓
26	0
27	✓
28	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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